

# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
www.azliquor.gov  
(602) 542-5141

Date payment received \_\_\_\_\_

CSR Initials \_\_\_\_\_

## APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

THIS APPLICATION MUST BE RETURNED TO THE DEPARTMENT OF LIQUOR

☐ Permanent change of area of service – List specific purpose for change: \_\_\_\_\_

☒ Temporary change for date(s) of: 9/22/12 and 9/29-9/30/12 through 9/29-9/30/12 List specific purpose for change: 2 Charity Events

1. Licensee's Name: Morken Tamara Lynne  
Last First Middle
2. Mailing Address: PO Box 90 Pine AZ 85544  
City State Zip
3. Business Name: Rimside Grill LICENSE #: 11043006
4. Business Address: 3270 N. Highway 87 Pine Gila AZ 85544  
City COUNTY State Zip
5. Business Phone: 928 476-3349 Residence Phone: (602) 909-4790
6. Do you understand Arizona Liquor Laws and Regulations? ☒ YES ☐ NO Fax #: ( )
7. Have you received approved Liquor Law Training? ☐ NO ☒ YES If so, when does your Certificate expire? Oct / 2014
8. What security precautions will be taken to prevent liquor violations in the extended area? \_\_\_\_\_
9. Does this extension bring your premises within 300 feet of a church or school? ☐ YES ☒ NO
10. IMPORTANT: ATTACH THE REVISED FLOOR PLAN CLEARLY DEPICTING YOUR LICENSED PREMISES AND WHAT YOU PROPOSE TO ADD.

☐ Barrier Exemption: an exception to the requirement of barriers surrounding a patio/outdoor serving area may be requested. Barrier exemptions are granted based on public safety, pedestrian traffic, and other factors unique to a licensed premises. List specific reasons for exemption: \_\_\_\_\_

Investigation Recommendation ☐ Approval ☐ Disapproval by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*After completing sections 1-10, please take this application to your local Board of Supervisors, City Council or Designate for their recommendation. This recommendation is not binding on the Department of Liquor.

This change in premises is RECOMMENDED by the local Board of Supervisors, City Council or Designate:

(Authorized Signature)

(Title)

(Agency)

I, Tamara Lynne Morken, being first duly sworn upon oath, hereby depose, swear and declare, (Print full name)  
under penalty of perjury, that I am the APPLICANT making the foregoing application. I have read this application and the contents and all statements are true, correct and complete.

X Tamara Morken  
(Signature of Owner or Agent)

State of ARIZONA County of Gila  
SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date

27 AUG 2012  
Day Month Year  
[Signature]  
(Signature of NOTARY PUBLIC)

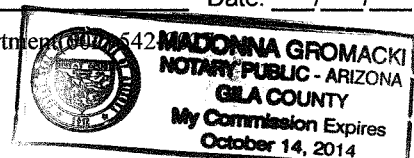
My commission expires on: 10/24/2014

Investigation Recommendation ☐ Approval ☐ Disapproval by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Director Signature required for Disapprovals \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

4/16/2012

\*Disabled individuals requiring special accommodation, please call the Department at (602) 542-5141



Lic# 1104.3006

Application for extension of patio permit  
THAT Brewery / Rimside Grill

